

Plan Year 2023	<h2 style="margin: 0;">Out-of-Area Plan</h2> <p style="font-size: 0.8em; margin: 0;">You can use both tiers with the Out-of-Area Plan, as it is a single plan with multiple levels of care.</p>	
Plan Provisions	Hackensack Meridian Health Inner Circle	Horizon Managed Care Network (BlueCard for Outside NJ)
Annual Deductible Individual/Family	\$0/\$0	\$1,500/\$3,000
Does Annual Deductible Cross Accumulate?	Yes	Yes
	Cross Accumulation means deductible payments in one tier can help satisfy the deductible requirements in other tiers, helping to minimize member out-of-pocket costs.	
Coinsurance	Plan Pays 100%	Plan Pays 80%
Out-Of-Pocket Maximum Individual/Family	\$4,000/\$8,000 (Medical Only)	\$4,000/\$8,000 (Prescriptions will apply to this out-of-pocket maximum)
Does Annual Out-of-Pocket Maximum Cross Accumulate?	Yes	Yes
	Cross Accumulation means payments toward OOP maximum in one tier can help satisfy the OOP maximum requirements in other tiers, helping to minimize member out-of-pocket costs.	
Lifetime Maximum	Unlimited	Unlimited
Precertification Requirements	\$400 Penalty Applies For Each Failure To Precert	
HMH Annual HSA Contribution	N/A	N/A
Maximum Team Member HSA Contributions	N/A	N/A
Inpatient Covered Services		
Hospital Copay Applied Before Deductible, Per Admission	None	None
Semi-Private Room	100%	80% After Deductible
Inpatient Physician	100%	80% After Deductible
Surgery Direct	100%	80% After Deductible
Outpatient Covered Services		
Primary Care Office Visit	100% After \$5 Copay	100% After \$5 Copay
Specialist Visit	100% After \$15 Copay	100% After \$15 Copay
Outpatient Surgery	100%	80% After Deductible
Preventive Care, Including Routine Physicals & Immunizations Frequency Limits May Apply	100%	100%
Chiropractic Care	100% After \$15 Copay	100% After \$15 Copay
	30 Visits Per Year	
Diagnostic X-Ray, Lab Services And Treatments	100%	80% After Deductible
Mental Health/Substance Abuse		
Inpatient Care	100%	80% After Deductible
Outpatient Mental Health/Substance Abuse	100% After \$5 Copay	100% After \$5 Copay
Emergency Services		
Emergency Room	\$0 Copay For True Emergencies; \$200 Copay For Non-Emergencies	\$0 Copay For True Emergencies; \$200 Copay For Non-Emergencies
Ambulance Service (Medically Necessary)	100%	Emergent 100% Non Emergent - 80% After Deductible
Urgent Care	100% After \$15 Copay	100% After \$15 Copay
Other Services		
Physical, Occupational, Speech and Cognitive Therapy	Facility - 100% Office - 100% After \$15 Copay	Facility - 80% After Deductible Office - 100% After \$15 Copay
	60 Visits Per Year	
Radiation, Chemotherapy And Cardiac Therapy	100%	80% After Deductible
Dialysis	100% After \$15 Copay	80% After Deductible
Home Health Care	100%	80% After Deductible
	120 Visits Per Year	
Extended Care/ Skilled Nursing	100%	80% After Deductible
	120 Visits Per Year	
Hospice Care	100%	80% After Deductible
Durable Medical Equipment	100%	80% After Deductible
Acupuncture Includes Coverage For Pain Management	100% After \$15 Copay	100% After \$15 Copay